

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF PUERTO RICO

IN RE

\* CASE NO. 23-00100/MCF

JESUS JAVIER SOTO TORRES

\*  
\* CHAPTER 13  
\*

DEBTOR

**DEBTOR'S NOTICE OF FILING OF AMENDED SCHEDULES "I" & "J"  
OFFICIAL FORM 106I & 106J**

**TO THE HONORABLE COURT:**

**COMES NOW, JESUS JAVIER SOTO TORRES**, the Debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

1. The Debtor is hereby submitting ***Amended Schedules "I" and "J"***, dated April 12, 2023, herewith and attached to this motion.
2. The amendments to Schedules "I" and "J" are filed **to reflect Debtor's actual income and expenses**, in the above captioned case.

**NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)**

**Within thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.**

## **CERTIFICATE OF SERVICE**

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 13 Trustee, the US Trustee's Office, and to all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the Debtor and to all creditors and interested parties appearing in the master address list (CM/ECF non-participants), hereby attached.

**RESPECTFULLY SUBMITTED.** In San Juan, Puerto Rico, this 13<sup>th</sup> day of April, 2023.

*/s/Roberto Figueroa Carrasquillo*  
USDC #203614  
RFIGUEROA CARRASQUILLO LAW OFFICE PSC  
ATTORNEY for the DEBTOR  
PO BOX 186 CAGUAS PR 00726  
TEL NO 787-744-7699/787-963-7699  
Email: [rfc@rfigueroalaw.com](mailto:rfc@rfigueroalaw.com)

Fill in this information to identify your case:

|   |   |
|---|---|
| Debtor 1                                | <u>JESUS JAVIER SOTO TORRES</u>               |
| Debtor 2<br>(Spouse, if filing)         |   |
| United States Bankruptcy Court for the: | DISTRICT OF PUERTO RICO, SAN JUAN<br>DIVISION |
| Case number<br>(If known)               | <u>3:23-bk-100</u>                            |

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

12/15

## Official Form 106I

### Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

Employed

Employed

Not employed

Not employed

Include part-time, seasonal, or self-employed work.

Occupation

Production Group Lead

Employer's name

Medtronic PR Operations Co.

Occupation may include student or homemaker, if it applies.

Employer's address

Road 31, Km 24 Hm 4  
Juncos, PR 00777-4070

How long employed there?

15 years

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
3. Estimate and list monthly overtime pay.
4. Calculate gross income. Add line 2 + line 3.

|    | For Debtor 1       | For Debtor 2 or non-filing spouse |
|----|--------------------|-----------------------------------|
| 2. | \$ <u>3,365.12</u> | \$ <u>N/A</u>                     |
| 3. | +\$ <u>0.00</u>    | +\$ <u>N/A</u>                    |
| 4. | \$ <u>3,365.12</u> | \$ <u>N/A</u>                     |

|  | <b>For Debtor 1</b>                                       | <b>For Debtor 2 or<br/>non-filing spouse</b>      |
|--|---|---|
| <b>Copy line 4 here</b>  | <b>4. \$ 3,365.12</b>                                     | <b>\$ N/A</b>                                     |
| <b>5. List all payroll deductions:</b>   |   |   |
| 5a. Tax, Medicare, and Social Security deductions  | 5a. \$ <b>275.88</b>                                      | \$ <b>N/A</b>                                     |
| 5b. Mandatory contributions for retirement plans   | 5b. \$ <b>0.00</b>  | \$ <b>N/A</b>                                     |
| 5c. Voluntary contributions for retirement plans   | 5c. \$ <b>0.00</b>  | \$ <b>N/A</b>                                     |
| 5d. Required repayments of retirement fund loans   | 5d. \$ <b>0.00</b>  | \$ <b>N/A</b>                                     |
| 5e. Insurance  | 5e. \$ <b>180.86</b>                                      | \$ <b>N/A</b>                                     |
| 5f. Domestic support obligations   | 5f. \$ <b>0.00</b>  | \$ <b>N/A</b>                                     |
| 5g. Union dues   | 5g. \$ <b>0.00</b>  | \$ <b>N/A</b>                                     |
| 5h. Other deductions. Specify: <b>401K Pre Tax Employee Paid PR<br/>401K Loan 1 PR<br/>Miscellaneous</b>   | 5h.+ \$ <b>67.22</b><br>\$ <b>50.48</b><br>\$ <b>2.00</b> | + \$ <b>N/A</b><br>\$ <b>N/A</b><br>\$ <b>N/A</b> |
| <b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | <b>6. \$ 576.44</b>                                       | <b>\$ N/A</b>                                     |
| <b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.  | <b>7. \$ 2,788.68</b>                                     | <b>\$ N/A</b>                                     |
| <b>8. List all other income regularly received:</b>  |   |   |
| 8a. Net income from rental property and from operating a business, profession, or farm   | 8a. \$ <b>0.00</b>  | \$ <b>N/A</b>                                     |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  |   |   |
| 8b. Interest and dividends   | 8b. \$ <b>0.00</b>  | \$ <b>N/A</b>                                     |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive  | 8c. \$ <b>0.00</b>  | \$ <b>N/A</b>                                     |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   |   |   |
| 8d. Unemployment compensation  | 8d. \$ <b>0.00</b>  | \$ <b>N/A</b>                                     |
| 8e. Social Security  | 8e. \$ <b>0.00</b>  | \$ <b>N/A</b>                                     |
| 8f. Other government assistance that you regularly receive   | 8f. \$ <b>0.00</b>  | \$ <b>N/A</b>                                     |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. |   |   |
| Specify:   | 8g. \$ <b>0.00</b>  | \$ <b>N/A</b>                                     |
| 8g. Pension or retirement income   | 8g. \$ <b>0.00</b>  | \$ <b>N/A</b>                                     |
| 8h. Other monthly income. Specify: <b>Christmas Bonus \$600.00/12</b>  | 8h.+ \$ <b>50.00</b>                                      | + \$ <b>N/A</b>                                   |
| <b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | <b>9. \$ 50.00</b>  | <b>\$ N/A</b>                                     |
| <b>10. Calculate monthly income.</b> Add line 7 + line 9.  | <b>10. \$ 2,838.68</b>                                    | + \$ <b>N/A</b> = \$ <b>2,838.68</b>              |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |   |   |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>  |   |   |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.   |   |   |
| Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  |   |   |
| Specify: _____   | 11. +\$ <b>0.00</b>                                       |   |
| <b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.   |   |   |
| Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies   | 12. \$ <b>2,838.68</b>                                    |   |
|  |   | <b>Combined monthly income</b>                    |
| <b>13. Do you expect an increase or decrease within the year after you file this form?</b>   |   |   |
| <input type="checkbox"/> No.   |   |   |
| <input checked="" type="checkbox"/> Yes. Explain: <b>NONE</b>  |   |   |

Fill in this information to identify your case:

|   |   |
|---|---|
| Debtor 1                                | <u>JESUS JAVIER SOTO TORRES</u>                       |
| Debtor 2<br>(Spouse, if filing)         |   |
| United States Bankruptcy Court for the: | <u>DISTRICT OF PUERTO RICO, SAN JUAN<br/>DIVISION</u> |
| Case number<br>(If known)               | <u>3:23-bk-100</u>                                    |

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes. Fill out this information for  
each dependent.....

Do not state the  
dependents names.

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

- No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

Daughter

16

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

#### Your expenses

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

- 4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues  
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ 0.00  
4b. \$ 0.00  
4c. \$ 0.00  
4d. \$ 0.00  
5. \$ 0.00

6. **Utilities:**

- 6a. Electricity, heat, natural gas  
 6b. Water, sewer, garbage collection  
 6c. Telephone, cell phone, Internet, satellite, and cable services  
 6d. Other. Specify: Gas (dryer & stove)

|        |               |
|--------|---------------|
| 6a. \$ | <u>0.00</u>   |
| 6b. \$ | <u>0.00</u>   |
| 6c. \$ | <u>438.00</u> |
| 6d. \$ | <u>45.00</u>  |
| 7. \$  | <u>645.67</u> |
| 8. \$  | <u>703.00</u> |
| 9. \$  | <u>107.00</u> |
| 10. \$ | <u>128.00</u> |
| 11. \$ | <u>30.00</u>  |
| 12. \$ | <u>118.00</u> |
| 13. \$ | <u>90.00</u>  |
| 14. \$ | <u>0.00</u>   |

7. **Food and housekeeping supplies**  
 8. **Childcare and children's education costs**  
 9. **Clothing, laundry, and dry cleaning**  
 10. **Personal care products and services**

11. **Medical and dental expenses**12. **Transportation.** Include gas, maintenance, bus or train fare.  
 Do not include car payments.13. **Entertainment, clubs, recreation, newspapers, magazines, and books**  
 14. **Charitable contributions and religious donations**15. **Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

- 15a. Life insurance  
 15b. Health insurance  
 15c. Vehicle insurance  
 15d. Other insurance. Specify: \_\_\_\_\_

|         |             |
|---------|-------------|
| 15a. \$ | <u>0.00</u> |
| 15b. \$ | <u>0.00</u> |
| 15c. \$ | <u>0.00</u> |
| 15d. \$ | <u>0.00</u> |

16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.  
 Specify: \_\_\_\_\_

|        |             |
|--------|-------------|
| 16. \$ | <u>0.00</u> |
|--------|-------------|

17. **Installment or lease payments:**

- 17a. Car payments for Vehicle 1  
 17b. Car payments for Vehicle 2  
 17c. Other. Specify: \_\_\_\_\_  
 17d. Other. Specify: \_\_\_\_\_

|         |               |
|---------|---------------|
| 17a. \$ | <u>434.00</u> |
| 17b. \$ | <u>0.00</u>   |
| 17c. \$ | <u>0.00</u>   |
| 17d. \$ | <u>0.00</u>   |

18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**19. **Other payments you make to support others who do not live with you.**

Specify: \_\_\_\_\_

|        |             |
|--------|-------------|
| 18. \$ | <u>0.00</u> |
|--------|-------------|

|    |             |
|----|-------------|
| \$ | <u>0.00</u> |
|----|-------------|

20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

- 20a. Mortgages on other property  
 20b. Real estate taxes  
 20c. Property, homeowner's, or renter's insurance  
 20d. Maintenance, repair, and upkeep expenses  
 20e. Homeowner's association or condominium dues

|         |             |
|---------|-------------|
| 20a. \$ | <u>0.00</u> |
| 20b. \$ | <u>0.00</u> |
| 20c. \$ | <u>0.00</u> |
| 20d. \$ | <u>0.00</u> |
| 20e. \$ | <u>0.00</u> |
| 21. +\$ | <u>0.00</u> |

21. **Other:** Specify: \_\_\_\_\_22. **Calculate your monthly expenses**

- 22a. Add lines 4 through 21.  
 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  
 22c. Add line 22a and 22b. The result is your monthly expenses.

|    |                 |
|----|-----------------|
| \$ | <u>2,738.67</u> |
| \$ | <u>2,738.67</u> |

23. **Calculate your monthly net income.**

- 23a. Copy line 12 (your combined monthly income) from Schedule I.  
 23b. Copy your monthly expenses from line 22c above.

|          |                 |
|----------|-----------------|
| 23a. \$  | <u>2,838.68</u> |
| 23b. -\$ | <u>2,738.67</u> |

- 23c. Subtract your monthly expenses from your monthly income.  
 The result is your monthly net income.

|         |               |
|---------|---------------|
| 23c. \$ | <u>100.01</u> |
|---------|---------------|

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: **NONE**

Fill in this information to identify your case:

|   |  |             |           |
|---|--|-------------|-----------|
| Debtor 1                                | <b>JESUS JAVIER SOTO TORRES</b>            |             |           |
|   | First Name                                 | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | First Name                                 | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF PUERTO RICO, SAN JUAN DIVISION |             |           |
| Case number<br>(if known)               | <u>3:23-bk-100</u>                         |             |           |

Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

 X \_\_\_\_\_

JESUS JAVIER SOTO TORRES

Signature of Debtor 1

X \_\_\_\_\_

Signature of Debtor 2

Date April 12, 2023 \_\_\_\_\_

Date \_\_\_\_\_

Label Matrix for local noticing

0104-3

Case 23-00100-MCF13

District of Puerto Rico

Old San Juan

Thu Apr 13 10:58:51 AST 2023

US Bankruptcy Court District of P.R.

Jose V Toledo Fed Bldg & US Courthouse

300 Recinto Sur Street, Room 109

San Juan, PR 00901-1964

ORIENTAL BANK

C/O JUAN A. CUYAR COBB, ESQ.

FERNANDEZ CUYAR ROVIRA & PLA LLC

PO BOX 9023905

SAN JUAN, PR 00902-3905

US TRUSTEE

US TRUSTEE

EDIFICIO OCHOA

500 TANCA STREET SUITE 301

SAN JUAN, PR 00901-1922

AT&T Mobility

PO Box 537104

Atlanta, GA 30353-7104

Banco Popular de Puerto Rico

Bankruptcy Department

PO Box 366818

San Juan, PR 00936-6818

Capital Management Group LLC  
Lcdo Miguel A Maza & Lcda Miralis Bermud  
PO BOX 364028  
San Juan, PR 00936-4028

Coop A/C Oriental  
PO Box 876  
Humacao, PR 00792-0876

Credence Excellence Beyond Belief  
17000 Dallas Parkway Suite 204  
Dallas, TX 75248-1940

(p)DEPARTAMENTO DE TRANSPORTACION Y OBRAS PUB  
P O BOX 41269  
SAN JUAN PR 00940-1269

Departamento de Hacienda  
PO Box 9024140  
San Juan, PR 00902-4140

ERC  
PO Box 23870  
Jacksonville, FL 32241-3870

(p)FBCS INC BKNOTICES  
ATTN COMPLIANCE DEPT  
330 S WARMINSTER RD  
SUITE 353  
HATBORO PA 19040-3433

FIRST BANK  
CONSUMER SERVICE CENTER  
BANKRUPTCY DIVISION (CODE 248)  
PO BOX 9146 SAN JUAN PR 00908-0146

Firstbank Puerto Rico  
PO Box 11856  
San Juan, PR 00910-3856

Huertas College  
PO Box 8429  
Caguas, PR 00726-8429

Lcda Yarymar Gonzalez Carrasquillo  
American International Plaza  
250 Munoz Rivera Ave Suite 800  
San Juan, PR 00918-1813

Medtronic 401k Loan  
245 Summer Street  
Boston, MA 02210-1133

Mercy Hospital  
4050 Coon Rapids Blvd.  
Coon Rapids, MN 55433-2522

Midland Credit Management Puerto Rico LL  
221 Ave Ponce de Leon Suite 1003  
San Juan, PR 00917-1823

ORIENTAL BANK (MORTGAGE DIVISION)  
PO BOX 362394  
SAN JUAN, PUERTO RICO 00936-2394

Oriental Bank  
PO Box 195115  
San Juan, PR 00919-5115

(p)PORTFOLIO RECOVERY ASSOCIATES LLC  
PO BOX 41067  
NORFOLK VA 23541-1067

Professional Credit Analysts of Minnesota  
PO Box 99  
New Ulm, MN 56073-0099

Receivables Performance Management LLC  
20818 44th Ave W, Suite 140  
Lynnwood, WA 98036-7709

Synchrony Bank  
PO Box 530942  
Atlanta, GA 30353-0942

Synchrony Bank  
c/o of PRA Receivables Management, LLC  
PO Box 41021  
Norfolk, VA 23541-1021

Transworld Systems, Inc  
500 Virginia Dr Suite 514  
FT Washington, PA 19034-2733

(p)COOPERATIVA DE AHORRO Y CREDITO DEL VALENC  
ATTN BETZAIDA PENA COLON  
PO BOX 1510  
JUNCOS PR 00777-1510

JESUS JAVIER SOTO TORRES  
URB MARIOLGA P38 SAN MIGUEL ST  
CAGUAS, PR 00725-6435

JOSE RAMON CARRION MORALES  
PO BOX 9023884  
SAN JUAN, PR 00902-3884

MONSITA LECAROZ ARRIBAS  
OFFICE OF THE US TRUSTEE (UST)  
OCHOA BUILDING  
500 TANCA STREET SUITE 301  
SAN JUAN, PR 00901

NOREEN WISCOVITCH RENTAS  
Noreen Wiscovitch Rentas, Ch 7 Trustee  
P.O. Box 364363  
San Juan, PR 00936-4363

ROBERTO FIGUEROA CARRASQUILLO  
PO BOX 186  
CAGUAS, PR 00726-0186

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified  
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

DTOP  
PO Box 41269  
San Juan, PR 00940-1269

FBCS, Inc  
330 S. Warminster RD Suite 353  
Hatboro, PA 19040

Portfolio Recovery Associates, LLC  
140 Corporate Blvd  
Norfolk, VA 23502

ValenCoop  
PO Box 1510  
Juncos, PR 00777

| End of Label Matrix |    |
|---------------------|----|
| Mailable recipients | 33 |
| Bypassed recipients | 0  |
| Total               | 33 |